


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90165 044 ***150.00

DOCUMENT # P03000108703			
1. Entity Name GROWING L G INC.			
Principal Place of Business C/O SOFIA POWELL-COSIO P.A. 1900 S. W. 3RD AVENUE MIAMI, FL 33129		Mailing Address C/O SOFIA POWELL-COSIO P.A. 1900 S. W. 3RD AVENUE MIAMI, FL 33129	
2. Principal Place of Business <i>7105 SW 8 ST</i>		3. Mailing Address <i>7105 SW 8 ST</i>	
Suite, Apt. #, etc. <i>309</i>		Suite, Apt. #, etc. <i>309</i>	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
Zip <i>33144</i> Country		Zip <i>33144</i> Country	
6. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA C/O SOFIA POWELL-COSIO P.A. 1900 S. W. 3RD AVENUE MIAMI, FL 33129		7. Name and Address of New Registered Agent Name <i>GLORIA P. GOMEZ</i> Street Address (P.O. Box Number is Not Accepted) <i>7105 SW 8 ST</i> <i>St 309</i> City <i>Miami</i> FL Zip Code <i>33144</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Gloria Gomez</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ OSORIO, GLORIA P 1000 ISLAND BLVD. NO 1506 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>7105 SW 8 ST, St 309</i> <i>MIAMI FL 33144</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Gloria Gomez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/28/04</i> (305) 226-3443 Daytime Phone	